



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

|  |   |   |                              |                       |                     |
|--|---|---|------------------------------|-----------------------|---------------------|
| 1. Entity ID Number<br><u>156825</u>   |   | 2. Exact name of the Corporation<br><u>COLOMBIA AUTO SERVICES INC.</u>  |                              |                       |                     |
| 3. Principal Office Address<br><u>1160 WESTMINSTER ST</u>  |   | City<br><u>PROVIDENCE</u>   | State<br><u>RI</u>           | Zip<br><u>02909</u>   |                     |
| 4. NAICS Code<br><u>3558</u>   | 6. Brief description of the character of business conducted in Rhode Island<br><u>GAS STATION</u> |   |                              |                       |                     |
| 5. State of Incorporation<br><u>RI</u>   |   |   |                              |                       |                     |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |                              |                       |                     |
| President Name<br><u>NAHON SANCHEZ</u>   |   | Vice-President Name<br><u>GREGORY BLANCHARD</u>   |                              |                       |                     |
| Street Address<br><u>667 GEO. WASHINGTON HWY</u>   |   | Street Address<br><u>55 MILTON DR</u>   |                              |                       |                     |
| City<br><u>LINCOLN</u>   | State<br><u>RI</u>  | Zip<br><u>02865</u>   | City<br><u>N. SMITHFIELD</u> | State<br><u>RI</u>    | Zip<br><u>02896</u> |
| Secretary Name<br><u>LUIS BLANCO</u>   |   | Treasurer Name<br><u>ELIZABETH ESQUIAGUI</u>  |                              |                       |                     |
| Street Address<br><u>47 YALE ST</u>  |   | Street Address<br><u>667 GEO. WASHINGTON HWY</u>  |                              |                       |                     |
| City<br><u>PROVIDENCE</u>  | State<br><u>RI</u>  | Zip<br><u>02909</u>   | City<br><u>LINCOLN</u>       | State<br><u>RI</u>    | Zip<br><u>02863</u> |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |   |                              |                       |                     |
| Director Name  |   | Director Name   |                              |                       |                     |
| Street Address   |   | Street Address  |                              |                       |                     |
| City   | State   | Zip   | City                         | State                 | Zip                 |
| Director Name  |   | Director Name   |                              |                       |                     |
| Street Address   |   | Street Address  |                              |                       |                     |
| City   | State   | Zip   | City                         | State                 | Zip                 |
| 9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |   |                              |                       |                     |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                              |                       |                     |
|  |   | NUMBER OF SHARES  |                              | CLASS/SERIES          |                     |
|  |   | PAR VALUE   |                              |                       |                     |
|  |   |   |                              |                       |                     |
|  |   |   |                              |                       |                     |
| 11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.<br><b>Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.</b> |   |   |                              |                       |                     |
| Name of Authorized Representative<br><u>Elizabeth Esquiagui</u>  |   |   |                              | Date<br><u>2/2/17</u> |                     |
| Signature of Authorized Representative<br><u>Elizabeth Esquiagui</u>   |   |   |                              |                       |                     |

MAIL TO:  
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